



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 25044 PEACHLAND AVE 108, NEWHALL, CA 91321

TELEPHONE: (661) 799-3700

OWNER OF BUSINESS: MEIHUA WANG

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED: MEIHUA WANG

FICTITIOUS NAME: M & Y HEALTH CENTER

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	03/18/16	nlove
<input checked="" type="checkbox"/> 4. Fire Department	YES	04/12/16	nlove
<input checked="" type="checkbox"/> 5. Public Health	YES	04/21/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	08/30/16	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	03/17/16	nlove
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	09/02/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/30/16	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$2158.00

8430  
ID # 143193

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor General</u>	Address of Business: <u>25044 Peachland Ave, suite 108, Newhall</u>	
Start Date (Projected): <u>05/2014</u>	Business Telephone: <u>661 799 3700</u>	
DBA (Business Name): <u>M&amp;Y Health Center</u>	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>MEIHUA WANG</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>clearrainy@hotmail.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 03/16/2016 Applicant's Signature: 王美华

Application taken by: ME Date: 3-16-16

\* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline  
1 800 544 6961

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 25044 PEACHLAND AVE 108, NEWHALL, CA 91321

TELEPHONE: (661) 799-3700

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**BUILDING & SAFETY**

**SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval this time.*

SIGNATURE:

*O. Hamrick*

DATE:

*3/16/14*

04/04/2016 MON 11:16 FAX 5612861134 Linda Trejo

0003/003

04/01/2016 14:15 8812594570

#4037 P.002/002

04/01/2016 FAX 10:42

04:20:25 p.m. 03-29-2016

23/23

3252697342

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

73

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 25044 PEACHLAND AVE 108, NEWHALL, CA 91321

TELEPHONE: (661) 799-3700

OWNER OF BUSINESS: MEIHUA WANG

CALL DR. LIC#

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: M & Y HEALTH CENTER

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:

DATE:

BASIC LICENSE NO. 8430

DATE 03/17/16

IDENTIFICATION NUMBER 143193

COUNTY OF LOS ANGELES  
• TREASURER AND TAX COLLECTOR

• 225 N. Hill Street Room 109. P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

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TELEPHONE: (661) 799-3700

OWNER OF BUSINESS: MEIHUA WANG

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NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: M & Y HEALTH CENTER

MAILING ADDRESS: [REDACTED]

• DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

• LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*[Handwritten Signature]*

DATE: \_\_\_\_\_

*4/14/2016*

BASIC LICENSE NO. 8430

DATE 03/17/16

IDENTIFICATION NUMBER 143193



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

15 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

✓  
16-00306

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **25044 PEACHLAND AVE 108, NEWHALL, CA 91321**

TELEPHONE: **(661) 799-3700**

OWNER OF BUSINESS: **MEIHUA WANG**

CAL. DR. LIC.#: [REDACTED]

11/27/13

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **M & Y HEALTH CENTER**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT**

**LA COUNTY**

✓ **APPROVAL**

**DENIAL**

RECOMMENDATION: \_\_\_\_\_

*Approved*

SIGNATURE: \_\_\_\_\_

*Wp 53457*

DATE: \_\_\_\_\_

*8/20/16*

BASIC LICENSE NO. **8430**

DATE **03/17/16**

IDENTIFICATION NUMBER **143193**

*Act. 8/20/16*

*3/17*

*San TFC 8/26*

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**REGIONAL PLANNING  
SANTA CLARITA**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

05216-251

SIGNATURE: \_\_\_\_\_

*mym*

DATE: \_\_\_\_\_

03-17-2016